



DEPENDENT ELIGIBILITY VERIFICATION (DEV) FOR COUNTY BENEFITS PROGRAMS FACT SHEET

A DEV requires employees to provide proof of their relationship for spouses, domestic partners, and children who are enrolled in a medical and/or dental plan. The Department of Human Resources (DHR) has engaged Health Management Systems (HMS), an outside agency that specializes in verification services. DEV packets were mailed to all impacted employees on June 1, 2015. A DEV for the County's benefits programs will insure that only eligible dependents receive County benefits and will help keep costs affordable for eligible employees and their families.

WHAT IS THE DEADLINE FOR DEPENDENT VERIFICATION?

The County has provided a grace period for the DEV program. Documents must be provided to HMS by **August 4, 2015**.

HOW DO I REACH HMS?

AuditOS.com: Website for information and to upload verification form and documents

(866) 365-7285: Call Center for questions and assistance from 5 a.m. to 8 p.m. PT, Monday-Friday

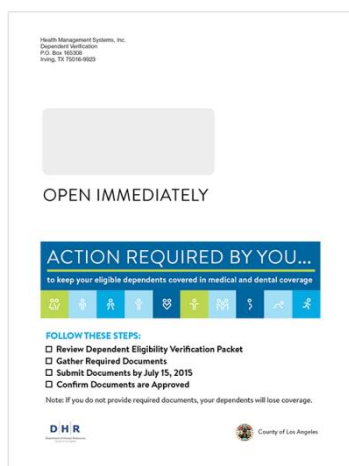
(877) 223-8478: Fax number to send verification form and documents

WHICH DEPENDENTS MUST BE VERIFIED?

- All spouses and domestic partners enrolled in the County's health benefits
- **If a spouse or domestic partner is shown as "Verified" on the Verification Form, a document showing proof of an ongoing relationship is still required; however an employee is not required to provide a marriage certificate or domestic partner declaration.**
- Child(ren) enrolled in the County's health benefits before January 1, 2014.

** Dependents who are NOT enrolled in an employee's medical or dental coverage, children added to County benefits after January 1, 2014 and **children** shown as "Verified" on the packet's verification form do not need any further verification.*

DEV COMMUNICATION TIMELINE



- **Dependent Eligibility Verification Packet – Mailed on June 1, 2015.** Listed all dependents enrolled in a medical and/or dental plan, indicated the required document(s) for each dependent, and included instructions and frequently asked questions. Employees who did not receive their packet should contact HMS at (866) 365-7285 from 5 a.m. to 8 p.m., Monday through Friday.
- **Confirmation Postcard** - Informs employees that their documents were received. Mailed throughout DEV process.
- **Reminder Letter** - Reminds employees who have not responded to submit the documentation. Mailed in July 2015.
- **Voluntary Termination Letter** - Confirms employee's request to remove an ineligible dependent. Mailed throughout DEV process.
- **Termination of Dependent Coverage Letter** - Informs employees who have not verified dependents that coverage is terminated effective September 1, 2015. Mailed in August 2015.

ELIGIBLE DEPENDENTS AND REQUIRED DOCUMENTATION

Dependents eligible for coverage in the County benefits programs are listed below. Employees may not need to provide a marriage or birth certificate if that documentation is already on file. Another document for a spouse or domestic partner will be required. The verification letter will indicate the type of documentation required. Click [here](#) for general information on eligible dependents. For more detailed information on eligible dependents, refer to the Summary Plan Description at mylacountybenefits.com.

FOR SPOUSE:

- A copy of your Marriage Certificate, **AND**
- **One of the following showing current relationship status:**
 - A copy of the front page of your filed 2014 federal tax return (1040 form) showing filing status as married filing jointly or married filing separately, **OR**
 - A document dated within the last 60 days such as a recurring monthly household bill* that lists your spouse's name, the date and your mailing address, **OR**
 - A statement of account* dated within the last 60 days (such as checking, savings, mortgage) that lists your name and your spouse's name.

FOR DOMESTIC PARTNER:

- A copy of your Registered State of California (or other state) Declaration of Domestic Partnership or, a copy of your County of Los Angeles Declaration of Domestic Partnership form. If you do not have a copy of your County form, download one at www.AuditOS.com and complete a new one.
- **AND One of the following showing current relationship status:**
 - A document dated within the last 60 days such as a recurring monthly household bill* that lists your domestic partner's name, the date and your mailing address, **OR**
 - A statement of account* dated within the last 60 days (such as checking, savings, mortgage) that lists your name and your domestic partner's name.

** Medical and dental bills will not be accepted.*

FOR CHILD THROUGH AGE 25:

- A copy of the child's birth, hospital or adoption certificate, or legal custody court order naming you, your spouse or domestic partner as the child's parent, or
- A copy of the filed court order awarding you with legal guardianship of the child (through age 17).

FOR DISABLED CHILD, AGE 26 AND OLDER:

- A copy of the child's birth, hospital, or adoption certificate naming you, your spouse or domestic partner as the child's parent. (Note: You are not required to provide proof of your child's disability during the Dependent Eligibility Verification process.)

INELIGIBLE DEPENDENTS

Examples of those ineligible for coverage include ex-spouses, ex-domestic partners, and former stepchildren. For more information on ineligible dependents, refer to the Summary Plan Description at mylacountybenefits.com. Click [here](#) for general information on ineligible dependents. For more detailed information on ineligible dependents, refer to the Summary Plan Description at mylacountybenefits.com.

AMNESTY

On April 14, 2015, the Board of Supervisor approved an amnesty from discipline and for premiums paid for ineligible dependents for the duration of the DEV process.

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